

Release and Assumption of Risk

Intermont Equestrian at Emory & Henry University
20432 Stables Road Bristol, Virginia 24202

PLEASE READ THIS DOCUMENT AND DO NOT SIGN IT UNLESS YOU FULLY UNDERSTAND IT. *This document must be read and signed by the participant and a parent or legal guardian if the participant is a minor.*

I, _____ and _____
Participant Parent or Guardian if Participant is a Minor

hereby acknowledge that I have voluntarily applied to participate in a horse related activity at Intermont Equestrian at Emory & Henry University.

I understand that any activity involving interaction or proximity to horses incurs numerous risks resulting from the inherent nature of horses. I understand that horses are unpredictable regardless of their age or training or the age, training, or experience of the rider/handler. Horses are prone to react to many things in their environment including, but not limited to, noise, movement, insects, other horses, animals, people and other such obvious and inexplicable occurrences. Such reactions may include, but are not limited to, the horse kicking, biting, rearing, spinning, turning, jumping, lunging, running, charging, etc., which may result in serious injury or death to myself or the horse.

In taking part, either by riding, training, competing, or visiting at Intermont Equestrian at Emory & Henry University or Intermont Equestrian Intercollegiate Horse Show Association, Intercollegiate Dressage Association, International Intercollegiate Horse Show Association and/or American National Riding Commission team(s), I assume any such risk of injury and further, I voluntarily release Intermont Equestrian at Emory & Henry University, its instructors, employees, and agents from all claims which may hereafter develop or accrue to me on account of, or by reason of, any injury, loss, or damage that I, my child or ward, may sustain while participating, visiting, or observing in connection therewith, and I agree to indemnify and hold harmless Intermont Equestrian at Emory & Henry University, its instructors, employees on account of such claims. Finally, I acknowledge that I have health insurance that covers equine-related injuries.

WARNING: Under Virginia Law, an Equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine animal activity resulting from the inherent risks of the equine activity. Inherent risks of equine activities include, but are not limited to, the following: (i) the propensity of an equine to behave in dangerous ways which may result in injury to the participant; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and (iii) hazards of surface or subsurface conditions.

Participant's Signature and _____
Parent or Legal Guardian's Signature for Participants Under 18 years of age

Date Signed _____
Date Expires (One Year from Date Signed)

*In compliance with the United States Equestrian Federation and Intercollegiate Horse Shows Association rulings, all riders under eighteen (18) years of age and IHSA/IDA riders must wear an ASTM/SEI certified helmet with a properly fastened chinstrap while riding. Intermont Equestrian at Emory & Henry University **REQUIRES** that all riders wear an ASTM/SEI certified helmet with a properly fastened chinstrap.*

I have read this statement and understand it. _____ (participant's initials)

ALL RIDERS: I certify that my helmet is an ASTM/SEI certified helmet, that is properly fitted and in good condition.

Participant's signature:

Parent/Legal Guardian (for participants under 18 years of age):
